

Travel Voucher Summary Sheet

Coast Guard Supplement to the FORM 1351-2
Personal Data -- Privacy Act of 1974 Applies

Examiner: LDW 47403

PAO Name: James

Certified and Approved for
Payment:

John E. Doe
4500 SW 29th
Topeka, KS 66614

Signature Date: 17 Dec 02

G. JAMES

SSN:	123-45-6789	Travel Type:	PCS
Grade/Rank:	GS-11		
		Voucher Type:	RITA

2001 RITA	\$5,072.27
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Total Entitlement:	\$5,072.27
Less Year 1 WTA:	\$0.00
Less Fed Tax @ 27% Yr 2:	\$1,369.51
Less Medicare @ 1.45% Yr 2:	\$73.55
Less Fica @ 6.2% Yr 2:	

Total Amount Due Employee: \$3,629.21

Total Amount Due U.S.

Method of Payment: EFT

ACCOUNTING SUMMARY: \$5,072.27

2/P/001/299/240/24/79815/2113/RITA:

REMARKS: PLEASE REFER ANY QUESTIONS TO LARRY WAYE @ (785)339-2209.

DATE: 12-17-2002

RELOCATION INCOME TAX ALLOWANCE CALCULATION
YEAR 2 = 2002 AND YEAR 1 = 2001

NAME OF CLAIMANT : JOHN DOE
SSN OF CLAIMANT : 123-45-6789
ADDITIONAL INFORMATION :

1. EARNED INCOME FOR YEAR 1 : \$ 150,500.00
2. TAX FILING STATUS : MARRIED FILING JOINT RETURN
3. FEDERAL TAX RATES : .31 (YR1); .3 (YR2)
4. STATE TAX RATE AND STATE : .06 LOUISIANA
STATE RATE AS % OF TXBL INCOME: .06
5. LOCAL TAX RATE : .15 (BASED ON INCOME)
LOCAL TAX RATE BASED ON INCOME: .15
6. COMBINED MARGINAL TAX RATES : .4549 (YR1); .447 (YR2)
7. COVERED TAXABLE REIMBURSEMENTS: \$ 6,166.12
8. STATE WITHHOLDING TAX RATE : 0.0000 NONE

TOTAL RELOCATION INC.TAX ALLOWANCE (YEAR 2) : \$ 5,072.27
LESS WITHHOLDING TAX ALLOWANCE IN YEAR 1 : \$ 0.00

FINAL TAX ALLOWANCE PAYMENT (YEAR 2) : \$ 5,072.27
LESS 27% FED.WITHHOLDING TAX FOR YEAR 2 : \$ -1,369.51
LESS FICA TAX (SEE NOTE 1) : \$ -73.55
LESS STATE WITHHOLDING TAX : \$ 0.00

SUBTOTAL : \$ 3,629.21
LESS FIRST OFFSET : \$ 0.00

LESS SECOND OFFSET : \$ 0.00

NET TAX ALLOWANCE : \$ 3,629.21

NOTE 1: CALCULATION OF THE YEAR 2 FICA TAX:

FICA category: MEDICARE (HIT) TAX ONLY

YTD FICA income : \$ 0.00
Final Tax allowance : \$ 5,072.27
Max. income subject to FICA (OASDI) : \$ 84,900.00

* FICA (OASDI) withholding of.....: \$ 0.00
. computed on base of : \$ 0.00
. at FICA (OASDI) rate: .062
* Medicare (HIT) withholding of.....: \$ 73.55
. computed on base of : \$ 5,072.27
. at Medicare rate of : .0145
* Grand Total FICA Withholding.....: \$ 73.55

Travel Authorization for Permanent Change of Station (DOT 1500.6A Travel Manual)		1. Name and Location of Accountable Office USCG OFC OF CIVILIAN PERSONNEL HR SVC CTR WPC-1 HQ ROOM 6228 2100 2ND ST SW WASHINGTON DC 20593		2. Authorization No. 203G83PSC123	
3. Name of Traveler JOHN E DOE			5. Residence Address (Number and Street, City, State, and ZIP Code) 123 MAIN ST NEW ORLEANS, LA 12345		
4. Social Security Number <u>123- 45 - 6789</u>					
6. From: NEW ORLEANS, LA To: TOPEKA, KS			7. Type of Permanent Duty Travel: <input type="checkbox"/> Transfer <input type="checkbox"/> Return from Overseas for Separation <input type="checkbox"/> First Duty Station		
You are authorized to perform the following travel and to be reimbursed for expenses as provided in the Travel Manual.					
8. Reporting Date 12/15/02		9. Names of Immediate Family (For travel purposes) JILL JIM BILLY		Relationship to Emp. SPOUSE SON DOB (Children only) 12/11/81 11/13/91 10/15/00	
10. Date Service Agreement Signed 12/01/02					
11. Travel to Begin on or About 12/01/02					
12. Travel Time - Number of Days 10					
13. POV Mileage Rate		14A. One Round Trip is Authorized to the New Station for You and Your Spouse to Seek Residence Quarters: <input type="checkbox"/> Yes <input type="checkbox"/> No		14B. Maximum Number Days Authorized. 10	
Employee 0	Family 20	14C. Mode of Travel For Item 14A. <input type="checkbox"/> Rail <input type="checkbox"/> POV <input type="checkbox"/> Air (Lowest cost available) <input type="checkbox"/> Other (Specify):			
15. Transportation for You and Your Family is Authorized. (Check all applicable modes) <input type="checkbox"/> Rail <input type="checkbox"/> POV (Family will accompany employee) <input type="checkbox"/> POV (Family will not accompany employee) <input type="checkbox"/> Air (Lowest cost available) <input type="checkbox"/> Other (Specify):					
16. In Addition to Per Diem for Employee, Per Diem is Authorized for Family. <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Subsistence Expenses are Authorized for You and Your Family While Occupying Temporary Quarters for a Period Not to Exceed <u>60</u> Days.		
18. Transportation and Storage of Your Household Goods are Authorized up to a Maximum of <u>18000</u> lbs. <input type="checkbox"/> Commuted Rate <input type="checkbox"/> GBL (Actual expense) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Nontemporary Storage					
19. Allowances for Residence Transaction Expenses, Miscellaneous Expenses, and/or use of Relocation Services are Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No			20. Transportation of Your Dependents and Your Household Goods Should Be Completed as Soon as Practicable and Not Later Than <u>12/15/02</u> (date)		
21. Special Provisions or Remarks: MBR AUTH 1 POV. MBR AUTH HHG SHIPMENT VIA GBL. TEMPORARY STORAGE AUTH NTE 90 DAYS.					
22. Estimated Cost (Round to nearest dollar)		Item No.	Government Furnished (e.g., GBL/GTR)	Employee Reimbursed (e.g., Commuted Rate)	23. Accounting Data
A. Round Trip to Seek Residence		14		350.00	Object Class 2105
B. Permanent Duty Travel		15, 16		400.00	2105
C. Temp. Quarters Subsistence Allowance		17		5,900.00	1212
D. Shipment of Household Goods		18	6,000.00		2221
E. Storage of Household Goods		18	2,000.00		2221
F. Residence Transactions Expenses	Sale/Lease Settlement	19			1210
	Purchase	19		1,300.00	1210
G. Relocation Services		19	20,000.00		1211
H. Miscellaneous Moving Expense		19		1,000.00	1211
I. Relocation Income Tax Allowance				5,100.00	1213
J. Subtotals			28,000.00	14,050.00	K. Total 42,050.00
24. Name and Title of Requesting Official (Type or print) I. M. BOSS, HR ASSISTANT, USCG			25. Name and Title of Approving Official (Type or print) J. SMITH, CDR, USCG		
Signature: _____ Date <u>11/12/02</u>			Signature: _____ Date <u>11/14/02</u>		

U.S. Department of Transportation
TRAVEL AUTHORIZATION FOR PERMANENT CHANGE OF STATION

PRIVACY ACT NOTICE: Under 5 U.S.C. chapter 57 and Executive Order 9397, the information requested is needed to determine payment for or reimbursement of allowable expenses and to record and maintain costs of such reimbursements. Information hereon may be disclosed to civil agencies under certain circumstances. Failure to provide pertinent information may result in delay or loss of reimbursement.

INSTRUCTIONS FOR COMPLETING FORM (See the Travel Manual, DOT 1500.6A, for Additional Guidance)

ITEM 1. Name of Accountable Office. Self-explanatory.

ITEM 2. Authorization No. Enter travel authorization number as prescribed in paragraph 2-0108 of the Travel Manual.

ITEM 3. Name of Traveler. Enter the payroll name of employee. Use the first name, middle initial and last name.

ITEM 4. Social Security Number. Self-explanatory.

ITEM 5. Residence Address. Enter complete residence address (number and street, State and Zip Code) from which employee commutes to work daily. Include apartment number, if applicable.

ITEM 6. From. Enter city and State of the old official station from which travel will be authorized.

To: Enter city and State (or local address if necessary) of the new official station to which travel will be authorized.

ITEM 7. Type of Permanent Duty Travel. Place an "X" in the applicable box to indicate the type of PCS travel. It is understood that only PCS travel that is for the convenience of the Government may be authorized by this form.

ITEM 8. Reporting Date. Enter the date employee is scheduled to report to the new duty station. This information is obtained from the Personnel Office.

ITEM 9. Names of Immediate Family. If the authorization covers the travel of a family, list each member of the family entitled to travel at Government expense. Give the date of birth (DOB) for each dependent child.

ITEM 10. Date of Service Agreement Signed. Enter date the employee signed the agreement to remain in Government service.

ITEM 11. Travel to Begin on or About. Enter the approximate date the employee will begin PCS travel. (Do not include date of travel for househunting trip here.)

ITEM 12. Travel Time - Number of Days. Enter the maximum number of days of authorized travel time. Fractional days should be shown.

ITEM 13. POV Mileage Rate. Show the authorized mileage rate for the employee and for the employee's family. (See Appendix C.)

ITEM 14A. Round Trip to the New Duty Station to Seek Residence Quarters. Place an "X" in the appropriate box. If you checked the "Yes" box, complete items 14B and 14C.

ITEM 14B. Maximum Number of Days Authorized. Indicate number of days allotted for the househunting trip. In no case may the househunting trip exceed 10 days, including travel time.

ITEM 14C. Mode of Travel for Item 14A. Indicate the mode of travel authorized for the househunting trip.

ITEM 15. Transportation for You and Your Family is Authorized, See item 7. Indicate the mode(s) of travel authorized. Consider the following:

a. When the family is authorized to travel separately from the employee and by different mode(s), this should be clearly indicated and the appropriate mileage rates shown in item 13.

b. If more than one POV is authorized, justification must be given in item 21. Where the use of more than one POV is used but is not justified, the employee will be authorized mileage for one POV only.

c. Where a family member is authorized to travel separately from other members, indicate the mode of travel authorized and furnish an explanation in item 21 including the mileage rate if applicable.

d. Any other unusual conditions or authorizations with respect to transportation of the employee and/or family should be included in item 21 as necessary.

ITEM 16. Per Diem for Family. Check whether per diem is authorized for employee's family.

ITEM 17. Subsistence Expenses While Occupying Temporary Quarters. Enter the maximum number of days authorized (not including extensions) for temporary quarters subsistence expenses (TQSE). Enter "0" if TQSE is not authorized.

ITEM 18. Transportation and Storage of Household Goods. Indicate the maximum weight the employee is authorized to ship at Government expense, the type of shipment and storage authorized.

ITEM 19. Allowances for Residence Transaction Expenses, Miscellaneous Expenses, and/or use of Relocation Services. Mark the appropriate box.

ITEM 20. Transportation of Your Dependents and Your Household Goods. Indicate the date by which these actions must be completed. (Add two years to item 8, the employee's reporting date.) Do not include extension periods.

ITEM 21. Special Provisions or Remarks.

a. Enter in this space any information required in other sections of the travel authorization when the space provided in that section is inadequate. Identify the affected section by preceding the additional information with the proper item number. Likewise, if the space provided in item 21 is inadequate, continue on the reverse side of the form or on a blank sheet of paper. If a separate sheet of paper is required, type the employee's name, the travel authorization number, and the date of the authorization on the sheet. Examples of the type of items to be included in item 21 are:

- (1) Authorization to carry excess baggage.
- (2) Authorization for delay en route to take leave.
- (3) Authorization to ship an automobile at Government expense.
- (4) Justification and authorization for use of more than one POV.

b. Also, include in this section, any special provisions, conditions, comments or remarks that are necessary or desirable for clarification. (Such clarification is essential for the traveler, as well as for reviewing officials, accounting personnel and auditors, and should cover any restrictions, limitations or special conditions which the authorizing official wishes to establish within the guidelines of the Travel Manual.)

ITEMS 22A. thru I. Estimated Cost. Enter the estimated costs for the items listed and the object class for each. Where there is a choice, be certain to place the cost in the appropriate column ("Government Furnished" or "Employee Reimbursed").

ITEM 22J. Subtotals. Enter the totals for the "Government Furnished" and the "Employee Reimbursed" columns.

ITEM 22K. Total. Enter the total by adding the two subtotals in item 22J. This figure should reflect the total estimated cost of the move.

ITEM 23. Accounting Classification. Enter accounting classification as required by the accounting office.

ITEM 24. Signature and Title of the Requesting Official. The official will sign the original copy. Type or print the requesting official's name and title in the space provided along with the date of request. If the requesting official is also the authorizing official, leave this item blank.

ITEM 25. Signature and Title of the Authorizing Official. An official delegated the authority to authorize PCS travel will sign the original copy of the travel authorization and will show in the space provided his/her typed or printed name, title and date of the approval.

REMOVE this instruction sheet from set. Use the reverse side of it as your **WORK** or **DRAFT COPY** and retain it for your files.